

1197

FILL OUT ALL BLANKS.
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 246	
County	Maricopa		County Registered No. 5998	
District	3		Local Registrar's No. 647	
Town	Mesa			
Or City				
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME Emma E Hostetter				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	MARRIED	DATE OF DEATH	
Female	White Indian Black Chinese Mexican	SINGLE WIDOWED or DIVORCED	Dec 1st 1918 (Month) (Day) (Year)	
DATE OF BIRTH			I hereby certify, that I attended deceased from Nov 30th 1918 to Dec 1st 1918; that I last saw her alive on Dec 1st 1918, and that death occurred on the date stated above at 5 P. M. The DISEASE or INJURY causing death was as follows: <u>Lobular Pneumonia</u>	
AGE			(Duration) _____ yrs. _____ mos. 35 days	
48 yrs. 4 mos. 13 days			Was disease contracted in Arizona? <u>yes</u>	
If less than 1 day _____ hrs., or _____ min.			If not, where? _____	
OCCUPATION			CONTRIBUTORY <u>Influenza</u>	
(a) Trade, profession or particular kind of work <u>Housewife</u>			(Duration) _____ yrs. _____ mos. 10 days	
(b) General nature of industry, business, or establishment in which employed or (employer)			(Signed) <u>J. B. Nelson</u>	
BIRTHPLACE (State or country) <u>Utah</u>			Dec 3 1918 (Address) <u>Mesa</u>	
PARENTS	NAME OF FATHER <u>Andrew Mortenson</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF FATHER (State or country) <u>Denmark</u>		LENGTH OF RESIDENCE	
	MAIDEN NAME OF MOTHER <u>Christine Anderson</u>		At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (State or country) <u>Denmark</u>		Former or Usual Residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>C. Lester Hostetter</u>				
(Address) _____				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
<u>Mesa</u>		<u>Dec. 3/18</u>		
UNDERTAKER		ADDRESS		
<u>W. A. Burton</u>		<u>Mesa</u>		
Filed <u>12/3/18</u>			J. E. Drane Local Registrar	
Filed <u>Jan. 25 1919</u>			County Registrar	